# Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT) - C

**EXPIRES: MM/DD/YYYY** 

# **CLIENT OR CAREGIVER FORM**

Version: September 2024

Age Range	Respondent Type	Assessment	Link
Adult (18 years+)	Client (or proxy)	Baseline	Adult Client Baseline
Adult (18 years+)	Client (or proxy)	Reassessment	Adult Client Reassessment
Adult (18 years+)	Client (or proxy)	Annual	Adult Client Annual
Youth (12-17 years)	Client (or proxy)	Baseline	Youth Client Baseline
Youth (12-17 years)	Client (or proxy)	Reassessment	Youth Client Reassessment
Child (5-17 years)	Caregiver/Parent	Baseline	Child Caregiver Baseline
Child (5-17 years)	Caregiver/Parent	Reassessment	Child Caregiver Reassessment
Young Child (0-4 years)	Caregiver/Parent	Baseline	YoungChild Caregiver Baseline
Young Child (0-4 years)	Caregiver/Parent	Reassessment	YoungChild Caregiver Reassessment

Age: ADULT Respondent: CLIENT Assessment: BASELINE

# SUPRT-C FORM VERSION: Adult / Client / Baseline

# **CLIENT CONSENT**

Are you answering for your child as a caregiver or family member? This form was designed for Adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for youth (12-17 years old).

### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

# How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

# Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

# How long does it take to fill in the form?

It should take you about 15 minutes.

# How do I agree to participate?

Age: ADULT Respondent: CLIENT Assessment: BASELINE

# A. DEMOGRAPHICS

П

Chamorro

1. What is your race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group White – Provide details below. German Italian Polish П Irish English French Enter, for example, Scottish, Norwegian, Dutch, etc. Hispanic or Latino – Provide details below. Mexican or Mexican American Salvadoran Puerto Rican П Dominican П Cuban Colombian Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. Black or African American – Provide details below. П African American Nigerian Ethiopian Jamaican Somali Haitian Enter, for example, Ghanaian, South African, Barbadian, etc. Asian – Provide details below. П Chinese Vietnamese Filipino Korean Asian Indian Japanese Enter, for example, Pakistani, Cambodian, Hmong, etc. American Indian or Alaska Native – Provide details below. Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. \_\_\_\_\_ Middle Eastern or North African – Provide details below. Lebanese **Syrian** Iranian Moroccan Israeli Egyptian Enter, for example, Algerian, Iraqi, Kurdish, etc. Native Hawaiian or Pacific Islander – Provide details below. Native Hawaiian Tongan П Samoan Fijian

Enter, for example, Palauan, Tahitian, Chuukese etc.

Marshallese

<b>SAMHSA Unified Performance Rep</b>	orting Tool - Client Form (SUPRT-C)			
Age: ADULT 2. What is your sex?	Respondent: CLIENT	Assessr	ment: BAS	SELINE
O Female O Male				
3. Do you speak a language other	than English at home? (If no, ple	ase skip t	to questio	on 6)
O Yes	O No	0	Prefer not	to answer
5a. For persons speaking a lan What is this language(s)? (Ch	nguage other than English (answeri eck all that apply)	ng yes to	the questi	on above):
American Sign Language (AS)	L) I French			
Arabic		se		
Chinese	Spanish			
Other Language (Identify):		t to answe	r	
<ul><li>Uniformed Services?</li><li>Yes, currently serving</li><li>Yes, served in the past</li></ul>	rmed Forces, the Reserves, the Na  O No O Prefer no	t to answe		
		Yes	No	Prefer not to answer
a. Are you deaf or do you have serio	us difficulty hearing?			
b. Are you blind or do you have seri wearing glasses?	ous difficulty seeing, even when			
c. Because of a physical, mental, or esserious difficulty concentrating, rem	·			
d. Do you have serious difficulty wal	king or climbing stairs?			

e. Do you have difficulty dressing or bathing?

Age: ADULI	Respondent: CLIENT	Assessi	nent: BAS	ELINE
1 0 1	nental, or emotional condition, do you have alone such as visiting a doctor's office or			

# **B. SOCIAL DRIVERS OF HEALTH**

6. How hard is it for you t	o pay for the very	/ basics like food,	housing,	medical (	care,	and
heating?						

- Very hardNot hard at all
- Somewhat hard
   Prefer not to answer

# 7. What is your living situation today?

- O I have a steady place to live
- I have a place to live today but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- O Prefer not to answer

# 8. Which of the following best describes your current living situation?

- House or apartment
- Your partner's place
- A friend or relative's and paying rent
- A friend or relative's and not paying rent
- Permanent housing program
- Transitional housing program
- O Domestic violence shelter
- O Somewhere else [where]: \_\_\_\_\_

- Emergency shelter
- Voucher hotel or motel
- O Hotel or motel you pay for
- O Residential drug or alcohol program
- Jail or prison
- Car or other vehicle
- Abandoned building
- Anywhere outside
- Prefer not to answer

# 9. Are you currently employed?

O Employed, full time or part time (includes temporary, seasonal, hours change each week)

# SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C) Age: ADULT **Respondent: CLIENT Assessment: BASELINE** O Not employed, seeking employment O Not employed, not seeking employment (includes if you are in school and not seeking a job, retired, not looking for work because of a disability, a homemaker, etc.) O Other – specify: O Prefer not to answer **10.** What is the highest level of education you have finished? O Less than high school diploma O Associate's degree or O High school degree or GED technical/vocational certificate O Some vocational, technical, college, or O 4-year degree or higher O Prefer not to answer university credit(s) 11. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly? O Enrolled, attending regularly O Not enrolled O Enrolled, not attending regularly O Prefer not to answer In the last 3 months, has lack of transportation kept you from medical appointments, 12. meetings, work, or from getting things needed for daily living? Check all that apply. Yes, it has kept me from medical appointments or from getting my medications. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need No Prefer not to answer C. CLIENT-REPORTED CORE OUTCOMES **13.** Please choose the option that best applies to you right now: O I consider myself to be in recovery from substance use issues O I consider myself to be in recovery from mental health issues O I consider myself to be in recovery from substance use **and** mental health issues I do **not** consider myself to be in recovery for substance use or mental health issues I Prefer not to answer

14. As of right now, please select whether you strongly agree, agree, somewhat agree, somewhat disagree, disagree, or strongly disagree with each statement in the table below.

Stron Agr	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Prefer not to answer	
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Improve my friendships and relationships

Age: ADULT **Respondent: CLIENT Assessment: BASELINE** a. I am physically fine most days. b. My mental health is fine most days. c. My substance use does not П П П cause problems in my life. d. I have stable housing. e. I have a steady job or am involved in things like school, П П П П training, or volunteering. f. My life has purpose and meaning. g. I have enough money to meet my needs. h. I am proud of the community I live in and feel a part of it. i. I am supported by the people around me. j. The future appears bright to me. k. I am in control of my life. П l. I bounce back quickly after hard times. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how **15.** would you rate your quality of life? \_\_\_\_\_ Which goals do you have for participating in this program? Check all that apply. **16.** Improve the symptoms that led me to services (for example distress, anxiety) Reduce my drug and/or alcohol use Gain access to medical services I need Enroll in or finish education (for example GED, degree, vocational training) Get or maintain a job Live in stable housing Be a better parent or caregiver

Age:	ADULT	Respondent: CLIENT	Assessment: BASELINE
	Comply with court order or	avoid contact with the police an	nd/or justice system
	Other goal - Please describe	2:	
	Prefer not to answer		

Thank you for completing this baseline form.

Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - ADULT / CLIENT / BASELINE
Client ID
Site ID   _ _ _  Grant ID   _ _
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/_ _/_ _
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.
0 Client/Caregiver was unable to provide consent 0 Client was not reached for assessment 0 Client no longer in care

# SUPRT-C FORM VERSION: Adult / Client / Reassessment

# CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for Adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for youth (12-17 years old).

# What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

# How is my information used?

Age: ADULT Respondent: CLIENT Assessment: BASELINE

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

### Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

# How long does it take to fill in the form?

It should take you about 10 minutes.

# How do I agree to participate?

By answering the following questions, you are agreeing to participate.

# A. SOCIAL DRIVERS OF HEALTH

1.	How hard is it for you to pay for the very basics like food, housing, medical care, and
	heating?

Very hardNot hard at all

Somewhat hard
 Prefer not to answer

# 2. What is your living situation today?

I have a steady place to live

- O I have a place to live today but I am worried about losing it in the future
- O I do not have a steady place to live
- O Prefer not to answer

# 3. Which of the following best describes your current living situation?

O House or apartment O A friend or relative's and not paying

O Your partner's place rent

○ A friend or relative's and paying rent ○ Permanent housing program

# SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C) Age: ADULT **Respondent: CLIENT Assessment: BASELINE** Transitional housing program Jail or prison Domestic violence shelter Car or other vehicle Emergency shelter Abandoned building Voucher hotel or motel Anywhere outside O Hotel or motel you pay for O Somewhere else [where]: \_\_\_\_\_ O Residential drug or alcohol program O Prefer not to answer 4. Are you currently employed? O Employed, full time or part time (includes temporary, seasonal, hours change each week) O Not employed, seeking employment O Not employed, not seeking employment (includes in school not seeking, retired, due to disability, homemaker, etc) O Other – specify: \_\_\_\_\_ O Prefer not to answer 5. What is the highest level of education you have finished? O Associate's degree or O Less than high school diploma High school degree or GED technical/vocational Certificate O Some vocational, technical, college, or O 4-year degree or higher university credit(s) O Prefer not to answer 6. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly? Enrolled, attending regularly Not enrolled • Enrolled, not attending regularly O Prefer not to answer

7. In the last 3 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

Yes, it has kept me from medical appointments or from getting my medications.

Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need

No

Prefer not to answer

SAMHSA Unified Perforn Age: ADULT	nance Reporting Tool - Client Form (SUF Respondent: CLIENT	PRT-C) Assessment: BASELINE
B. CLIENT-REPOR	TED CORE OUTCOMES	
8. Please choose the o	ption that best applies to you right nov	w:
O I consider myself t	o be in recovery from substance use issu	es
<u> </u>	o be in recovery from mental health issue	
	o be in recovery from substance use <b>and</b>	
<ul><li>I do <b>not</b> consider n</li><li>I Prefer not to ansv</li></ul>	nyself to be in recovery for substance use ver	e or inental nealth issues
	ease select whether you strongly agree, or strongly disagree with each stateme	

# isagree, disagree, or strongly disagi

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I am physically fine most days.							

Age: ADULT **Respondent: CLIENT Assessment: BASELINE** b. My mental health is fine most days. c. My substance use does not cause problems in my life. d. I have stable housing. e. I have a steady job or am involved in things like school, training, or volunteering. f. My life has purpose and meaning. g. I have enough money to meet my needs. h. I am proud of the community I live in and feel a part of it. i. I am supported by the people around me. j. The future appears bright to П me. k. I am in control of my life. l. I bounce back quickly after hard times. 10. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life? \_ 11. As a result of the services you received, which goals did you make progress on? Check all that apply. Improve the symptoms that led me to services (for example distress, anxiety) Reduce my drug and/or alcohol use Gain access to medical services I need Enroll in or finish education (for example GED, degree, vocational training) Get or maintain a job Live in stable housing Be a better parent or caregiver Improve my friendships and relationships

۹ge: ا	ADULT	Respondent: CLIENT	Assessment: BASELINE
	Comply with court order or av	oid contact with the police a	nd/or justice system
	Other goal - Please describe:		
	Prefer not to answer		

# Thank you for completing this reassessment form.

Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - ADULT / CLIENT / REASSESSMENT
Client ID
Site ID   _ _ _ _ _  Grant ID   _ _ _ _
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/ /
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care

Age: ADULT Respondent: CLIENT Assessment: ANNUAL

# SUPRT-C FORM VERSION: Adult / Client / Annual

# **CLIENT CONSENT**

Are you answering for your child as a caregiver or family member? This form was designed for Adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for youth (12-17 years old).

### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

# How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

# Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

# How long does it take to fill in the form?

It should take you about 7 minutes.

# How do I agree to participate?

Age: ADULT Respondent: CLIENT Assessment: ANNUAL

# A. CLIENT-REPORTED CORE OUTCOMES

1.	Please	choose	the	option	that	best	applies	to you	right	now:
----	--------	--------	-----	--------	------	------	---------	--------	-------	------

- O I consider myself to be in recovery from substance use issues
- O I consider myself to be in recovery from mental health issues
- O I consider myself to be in recovery from substance use **and** mental health issues
- O I do **not** consider myself to be in recovery for substance use or mental health issues
- O I Prefer not to answer

# 2. As of right now, please select whether you strongly agree, agree, somewhat agree, somewhat disagree, disagree, or strongly disagree with each statement in the table below.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I am physically fine most days.							
b. My mental health is fine most days.				П			
c. My substance use does not cause problems in my life.		R					
d. I have stable housing.							
e. I have a steady job or am involved in things like school, training, or volunteering.							
f. My life has purpose and meaning.							
g. I have enough money to meet my needs.							
h. I am proud of the community I live in and feel a part of it.							
i. I am supported by the people around me.							
j. The future appears bright to me.							
k. I am in control of my life.							
l. I bounce back quickly after hard times.							

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C) Age: ADULT **Respondent: CLIENT Assessment: ANNUAL** 3. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life? 4. As a result of the services you received, which goals did you make progress on? Check all that apply. Improve the symptoms that led me to services (for example distress, anxiety) Reduce my drug and/or alcohol use Gain access to medical services I need Enroll in or finish education (for example GED, degree, vocational training) Get or maintain a job Live in stable housing Be a better parent or caregiver Improve my friendships and relationships

Comply with court order or avoid contact with the police and/or justice system

# Thank you for completing this annual assessment form.

Other goal - Please describe:

Prefer not to answer

Public reporting burden for this collection of information is estimated to average 7 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - ADULT / CLIENT / ANNUAL						
Client ID						
Site ID  _ _ _ _  Grant ID  _ _ _ _						
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No						
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/_ _/_ _						
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.						
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care						

Age: YOUTH (12 to 17) Respondent: CLIENT Assessment: BASELINE

# SUPRT-C FORM VERSION: Youth (12 to 17) / Client / Baseline

# **CLIENT CONSENT**

Are you answering for your child as a caregiver or family member? This form was designed for Youth (persons 12 to 17 years old) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for Adults (18+ years old).

### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

# How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

# Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

# How long does it take to fill in the form?

It should take you about 10 minutes.

# How do I agree to participate?

Age: YOUTH (12 to 17) Respondent: CLIENT Assessment: BASELINE

# A. **DEMOGRAPHICS**

1.	_	our race or ethnicity? Select all that apply and ote, you may report more than one group	d enter	additional details in the spaces
	White	– Provide details below.		
		German		Italian
		Irish		Polish
		English		French
		Enter, for example, Scottish, Norwegian, Dutch	ı, etc	
	Hispar	nic or Latino – Provide details below.		
		Mexican or Mexican American		Salvadoran
		Puerto Rican		Dominican
		Cuban		Colombian
		Enter, for example, Guatemalan, Spaniard, Ecu	adorian	, etc
	Black	or African American – Provide details below.		
		African American	0	Nigerian
		Jamaican		Ethiopian
		Haitian		Somali
		Enter, for example, Ghanaian, South African, E	Barbadia	n, etc
	Asian	– Provide details below.		
		Chinese		Vietnamese
		Filipino		Korean
		Asian Indian		Japanese
		Enter, for example, Pakistani, Cambodian, Hme	ong, etc	•
	Ameri	can Indian or Alaska Native – Provide details be	elow.	
		Specify, for example, Navajo Nation, Blackfee	t Tribe,	Mayan, Aztec, Native Village of
		Barrow Inupiat Traditional Government, Tlingi	it, etc	
	Middl	e Eastern or North African – Provide details belo	ow.	
		Lebanese		Syrian
		Iranian		Moroccan
	0	Egyptian		Israeli
		Enter, for example, Algerian, Iraqi, Kurdish, et	с	
	Native	e Hawaiian or Pacific Islander – Provide details b	oelow.	
		Native Hawaiian		Tongan
		Samoan		Fijian
	П	Chamorro	П	Marshallese

Enter, for example, Palauan, Tahitian, Chuukese etc. \_\_\_\_\_\_

Age:	YOUTH (12 to 17)	Respondent: CLIENT	Ass	essment: BASELINE
2. V	Vhat is your sex?			
0	Female			
0	Male			
3. D	o you speak a language oth	er than English at home?	(If no, please sl	kip to question 6)
0	Yes	O No		O Prefer not to answer
	5a. For persons speaking a law What is this language(s)? (C	0 0	sh (answering yes	to the question above)
	American Sign Language (A	SL)	French	
	Arabic		Portuguese	
	Chinese		Spanish	

Prefer not to answer

**SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)** 

Other Language (Identify): \_\_\_\_\_

Age: YOUTH (12 to 17) Respondent: CLIENT Assessment: BASELINE

4. Please respond to the following questions about your physical health.

	Yes	No	Prefer not to answer
a. Are you deaf or do you have serious difficulty hearing?			
b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?			
c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?		D	
d. Do you have serious difficulty walking or climbing stairs?			
e. Do you have difficulty dressing or bathing?			
f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?			

# **B. SOCIAL DRIVERS OF HEALTH**

# 5. What is your living situation today?

- O I have a steady place to live
- O I have a place to live today but I am worried about losing it in the future
- O I do not have a steady place to live
- O Prefer not to answer

# 6. Which of the following best describes your current living situation?

0	My parent/guardian's house or	0	Voucher hotel or motel;
	apartment;	0	Hotel or motel you pay for;
0	Your partner's place;	0	Residential drug or alcohol program;
0	A friend or relative's and paying rent;	0	Jail or prison;
0	A friend or relative's and not paying rent;	0	Car or other vehicle;
0	Permanent housing program;	0	Abandoned building;
0	Transitional housing program;	0	Anywhere outside;
0	Domestic violence shelter;	0	Somewhere else [where]:
0	Emergency shelter:	0	Prefer not to answer

<b>SAMHSA Unified Performance</b>	Reporting Tool - Client Form (	(SUP	RT-C)		
Age: YOUTH (12 to 17)	Respondent: CLIENT		Assessment: BASELINE		
7. What is the highest level	of education you have finishe	d?			
O Preschool-Kinderga	rten	0	Grade 9 – 12		
O Grade 1 – Grade 5		0	High school degree or GED		
O Grade 6 – Grade 8		0	Prefer not to answer		
8. In the last 3 months, have regularly?	e you attended school/college,	, hon	neschool, or vocational training		
O Enrolled, attending i	regularly	0	Not enrolled		
O Enrolled, not attendi	ing regularly	0	Prefer not to answer		
Thank you for completing this baseline form.					
response. Send comments reginformation, to the Substance Clearance Officer, Room 15E conduct or sponsor, and a per-	arding this burden estimate, of Abuse and Mental Health Ser 57B, 5600 Fishers Lane, Roc son is not required to respondations of ice of Management and Bud	or a vices kvill d to,	estimated to average 10 minutes per ny other aspect of this collection of a Administration (SAMHSA) Reports le, MD 20857. An agency may not a collection of information unless it (OMB) control number. The control		
[OFFICE USE ONLY] RECORD MA	ANAGEMENT - YOUTH / CLIEN       _   Grant ID   _	   <b>T / E</b>   _			

O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care

1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |\_\_|\_/\_|\_|\_|

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

Age: YOUTH (12 to 17) Respondent: CLIENT Assessment: REASSESSMENT

SUPRT-C FORM VERSION: Youth (12 to 17) / Client / Reassessment

# **CLIENT CONSENT**

Are you answering for your child as a caregiver or family member? This form was designed for Youth (persons 12 to 17 years old) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for Adults (18+ years old).

### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

# How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

# Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

# How long does it take to fill in the form?

It should take you about 5 minutes.

# How do I agree to participate?

Age: YOUTH (12 to 17) Respondent: CLIENT Assessment: REASSESSMENT

# A. SOCIAL DRIVERS OF HEALTH

1. What is your living situation today?

0	I have a steady place to live						
0	I have a place to live today but I am worried about losing it in the future						
0	I do not have a steady place to live						
0	Prefer not to answer						
2.	Which of the following best describes your curren	ıt li	ving situation?				
0	My parent/guardian's house or apartment	0	Voucher hotel or motel				
0	Your partner's place	0	Hotel or motel you pay for				
0	A friend or relative's and paying rent	0	Residential drug or alcohol program				
0	A friend or relative's and not paying	0	Jail or prison				
	rent	0	Car or other vehicle				
0	Permanent housing program	0	Abandoned building				
0	Transitional housing program	0	Anywhere outside				
0	Domestic violence shelter	0	Somewhere else [where]:				
0	Emergency shelter	0	Prefer not to answer				
3.	What is the highest level of education you have fin	ishe	ed?				
0	Preschool-Kindergarten	0	Grade 9 - 12				
0	Grade 1 – Grade 5	0	High school degree or GED				
0	Grade 6 – Grade 8	0	Prefer not to answer				
	In the last 3 months, have you attended school/coll regularly?	ege,	, homeschool, or vocational training				
0	Enrolled, attending regularly	0	Not enrolled				
0	Enrolled, not attending regularly	0	Prefer not to answer				

# Thank you for completing this reassessment form.

Public reporting burden for this collection of information is estimated to average 5 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

Age: YOUTH (12 to 17) Respondent: CLIENT Assessment: REASSESSMENT

[OFFICE USE ONLY] RECORD MANAGEMENT - YOUTH / CLIENT / REASSESSMENT					
Client ID					
Site ID   _ _ _ _  Grant ID   _ _ _					
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No					
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/ /					
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.					
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care					

Age: CHILD (5 to 17) Respondent: CAREGIVER Assessment: BASELINE

# SUPRT-C FORM VERSION: Child (5 to 17) / Caregiver / Baseline

# CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their child. If that's not you, please ask your provider for the form for Youth (12 to 17) responding for themselves or for Adults (18+ years old).

# What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

# How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

# Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

# How long does it take to fill in the form?

It should take you about 10 minutes.

# How do I agree to participate?

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: CHILD (5 to 17) Respondent: CAREGIVER Assessment: BASELINE

# A. DEMOGRAPHICS

1. What is your child's race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

White	– Provide details below.		
	German		Italian
	Irish		Polish
	English		French
	Enter, for example, Scottish, Norwegian, Dutch, et	c	
Hispar	nic or Latino – Provide details below.		// X, //
	Mexican or Mexican American		Salvadoran
	Puerto Rican		Dominican
	Cuban		Colombian
	Enter, for example, Guatemalan, Spaniard, Ecuado	rian,	etc
Black	or African American – Provide details below.		
	African American		Nigerian
	Jamaican		Ethiopian
	Haitian		Somali
	Enter, for example, Ghanaian, South African, Barb	adia	n, etc
Asian	– Provide details below.		
	Chinese		Vietnamese
	Filipino		Korean
	Asian Indian		Japanese
	Enter, for example, Pakistani, Cambodian, Hmong		·
Ameri	can Indian or Alaska Native – Provide details below		
	Specify, for example, Navajo Nation, Blackfeet Tr	ibe, l	Mayan, Aztec, Native Village of
	Barrow Inupiat Traditional Government, Tlingit, et	.c	
Middle	e Eastern or North African – Provide details below.		
	Lebanese		Syrian
	Iranian		Moroccan
0	Egyptian		Israeli
	Enter, for example, Algerian, Iraqi, Kurdish, etc		
Native	Hawaiian or Pacific Islander – Provide details belo	w.	
	Native Hawaiian		Tongan
	Samoan		Fijian
	Chamorro		Marshallese
П	Enter for example Palauan Tahitian Chunkese et	C	

Age: CHILD (5 to 17)		Respondent: CAREGIVE	Respondent: CAREGIVER					
2.	What is your child's sex?							
0	Female	•	0	Male				
3. Does your child speak a language other than English at home?								
0	Yes	O No		O Prefer not to answer				
3a. For persons speaking a language other than English (answering yes to the question above): What is this language(s)? (Check all that apply)								
	American Sign Language (A	ASL)		Portuguese				
	Arabic	]		Spanish				
	Chinese	]		Other Language (specify):				
	French			Prefer not to answer				
<b>4.</b> ]	4. Please respond to the following questions about your child's physical health.							

	Yes	No	Prefer not to answer
a. Is your child deaf or does your child have serious difficulty hearing?			
b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?			
c. Because of a physical, mental, or emotional condition, does your child have serious difficulty concentrating, remembering, or making decisions?			
d. Does your child have serious difficulty walking or climbing stairs?			
e. Does your child have difficulty dressing or bathing?			
f. Because of a physical, mental, or emotional condition, does your child have difficulty doing errands alone such as visiting a doctor's office or shopping?			

Age: CHILD (5 to 17) Respondent: CAREGIVER Assessment: BASELINE

# **B. SOCIAL-DRIVERS OF HEALTH**

	How hard is it for you to pay for the very basics lil for your child?	ke f	ood, housing, medical care, and heating
0	Very hard	0	I am not the person responsible for
0	Somewhat hard		paying for the basics for my child
0	Not hard at all	0	Prefer not to answer
6.	What is your child's living situation today?		
0	My child has a steady place to live		
0	My child has a place to live today but I am worried	the	y may lose it in the future
0	My child does not have a steady place to live		
0	Prefer not to answer		
7.	Which of the following best describes your child's	cui	rrent living situation?
0	Your house or apartment	0	Hotel or motel you pay for
0	Your partner's place	0	Residential drug or alcohol program
0	A friend or relative's and paying rent	0	Jail or prison
0	A friend or relative's and not paying rent	0	Car or other vehicle
0	Permanent housing program	0	Abandoned building
0	Transitional housing program	0	Anywhere outside
0	Domestic violence shelter	0	Somewhere else [where]:
0	Emergency shelter	0	Prefer not to answer
0	Voucher hotel or motel		
8.	What is the highest level of education your child h	as f	inished?
0	Preschool-Kindergarten	0	Grade 9 - 12
0	Grade 1 – Grade 5	0	High school degree or GED
0	Grade 6 – Grade 8	0	Prefer not to answer
9.	In the last 3 months, has your child attended school	ol/co	ollege, homeschool, or vocational
	training regularly?		
0	Enrolled, attending regularly	0	Not enrolled
0	Enrolled, not attending regularly	0	Prefer not to answer

Thank you for completing this baseline form.

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: CHILD (5 to 17) Respondent: CAREGIVER Assessment: BASELINE

Public reporting burden for this collection of information is estimated to average 10 minutes per response at baseline. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - CHILD / CAREGIVER / BASELINE
[OTTICE OSE OTET] RECORD WATAGEMENT CHIED / CAREGIVER / DASELINE
Client ID
Site ID   _ _ _ _  Grant ID   _ _ _ _ _
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/_ _/_ _
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care

Age: CHILD (5 to 17) Respondent: CAREGIVER Assessment: REASSESSMENT

FORM VERSION: Child (5 to 17) / Caregiver / Reassessment

# CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their child. If that's not you, please ask your provider for the form for Youth (12 to 17) responding for themselves or for Adults (18+ years old).

# What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

# How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

# Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

# How long does it take to fill in the form?

It should take you about 5 minutes.

# How do I agree to participate?

Age: CHILD (5 to 17) Respondent: CAREGIVER Assessment: REASSESSMENT

# A. SOCIAL DRIVERS OF HEALTH

	How hard is it for you to pay for the very basics like for your child?	ce fo	ood, housing, medical care, and heating
0	Very hard	0	I am not the person responsible for
0	Somewhat hard		paying for the basics for my child
0	Not hard at all	0	Prefer not to answer
2.	What is your child's living situation today?		
0	My child has a steady place to live		
0	My child has a place to live today but I am worried	they	y may lose it in the future
0	My child does not have a steady place to live		
0	Prefer not to answer		
3.	Which of the following best describes your child's	cur	rrent living situation?
0	Your house or apartment	0	Hotel or motel you pay for
0	Your partner's place	0	Residential drug or alcohol program
0	A friend or relative's and paying rent	0	Jail or prison
0	A friend or relative's and not paying rent	0	Car or other vehicle
0	Permanent housing program	0	Abandoned building
0	Transitional housing program	0	Anywhere outside
0	Domestic violence shelter	0	Somewhere else [where]:
0	Emergency shelter	0	Prefer not to answer
0	Voucher hotel or motel		
4.	What is the highest level of education your child ha	as fi	inished?
0	Preschool-Kindergarten	0	Grade 9 - 12
0	Grade 1 – Grade 5	0	High school degree or GED
0	Grade 6 – Grade 8	0	Prefer not to answer
	In the last 3 months, has your child attended schootraining regularly?	l/co	ollege, homeschool, or vocational
0	Enrolled, attending regularly	0	Not enrolled
0	Enrolled, not attending regularly	0	Prefer not to answer

Age: CHILD (5 to 17) Respondent: CAREGIVER Assessment: REASSESSMENT

Thank you for completing this reassessment form.

Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - CHILD / CAREGIVER / BASELINE			
Client ID			
Site ID   _ _ _ _ _  Grant ID   _ _ _ _			
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No			
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/ /			
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.			
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care			

Age: YOUNG CHILD (0 to 4) Respondent: CAREGIVER Assessment: BASELINE

# SUPRT-C FORM VERSION: Young Child (0 to4) / Caregiver / Baseline

# CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child (aged 0 to 4) as a caregiver or family member? This form was designed for caregivers or family members responding for their young child. If that's not you, please ask your provider for the form for a Child (5 to 17) or Youth (12 to 17) responding for themselves.

# What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

# How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

# Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

# How long does it take to fill in the form?

It should take you about 6 minutes.

# How do I agree to participate?

SAMHSA Unified Performance Reporting Tool-Client Form (SUPRT-C)

Age: YOUNG CHILD (0 to 4) Respondent: CAREGIVER

# A. **DEMOGRAPHICS**

1. What is your child's race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

**Assessment: BASELINE** 

White	<ul> <li>Provide details below.</li> </ul>		
	German		Italian
	Irish		Polish
	English		French
	Enter, for example, Scottish, Norwegian, Dutch, et	c	
Hispai	nic or Latino – Provide details below.		
	Mexican or Mexican		Salvadoran
	American		Dominican
	Puerto Rican		Colombian
	Cuban		
	Enter, for example, Guatemalan, Spaniard, Ecuado	rian,	etc
Black	or African American – Provide details below.		
	African American		Nigerian
	Jamaican		Ethiopian
	Haitian		Somali
	Enter, for example, Ghanaian, South African, Barb	adia	n, etc
Asian	<ul> <li>Provide details below.</li> </ul>		
	Chinese		Vietnamese
	Filipino		Korean
	Asian Indian		Japanese
	Enter, for example, Pakistani, Cambodian, Hmong	, etc.	·
Ameri	can Indian or Alaska Native		
	Specify, for example, Navajo Nation, Blackfeet Tr	ibe,	Mayan, Aztec, Native Village
	of Barrow Inupiat Traditional Government, Tlingit	, etc	·
Middl	e Eastern or North African – Provide details below.		
	Lebanese		Syrian
	Iranian		Moroccan
	Egyptian		Israeli
	Enter, for example, Algerian, Iraqi, Kurdish, etc		
Native	Hawaiian or Pacific Islander – Provide details belo	w.	
	Native Hawaiian		Tongan
	Samoan		Fijian
	Chamorro		Marshallese
	Enter, for example, Palauan, Tahitian, Chuukese et	c	

SAMHSA Unified Performance Re	eporting Tool-Client I	Form (S	SUPRT-C)			
Age: YOUNG CHILD (0 to 4)	Respondent: CARI	EGIVER		Assessn	nent: BA	SELINE
2. What is your child's sex?						
O Female			ОМ	ale		
3. Please respond to the follow	ving questions about	t vour d	child's phy	vsical hea	lth.	
		- J	<b>F</b> ,	,		
				Yes	No	Prefer not to answer
a. Is your child deaf or does your	child have serious diff	iculty h	earing?			
b. Is your child blind or does your even when wearing glasses?	r child have serious di	fficulty	seeing,			
						ı
B. SOCIAL DRIVERS (	OF HEALTH					
					-	
4. How hard is it for you to pa for your child?	ny for the very basic	s like to	ood, housi	ng, medic	cal care,	and heating
O Very hard		0	I am not	the persor	n respons	ible for
O Somewhat hard			paying for	r the basi	cs for my	/ child
O Not hard at all		0	Prefer no	t to answe	er	
5. What is your child's living	situation today?					
<ul> <li>My child has a steady place</li> </ul>	e to live					
<ul> <li>My child has a place to live</li> </ul>	e today but I am worr	ied they	may lose	it in the f	future	
<ul> <li>My child does not have a st</li> </ul>	eady place to live					
O Prefer not to answer						
6. Which of the following best	t describes your chil	ld's cur	rent livin	g situatio	n?	
<ul> <li>Your house or apartment</li> </ul>		0	Hotel or	notel you	pay for	
<ul><li>Your partner's place</li></ul>		0	Residenti	al drug o	alcohol	program
<ul> <li>A friend or relative's and p</li> </ul>	aying rent	0	Jail or pri	son		
<ul> <li>A friend or relative's and n</li> </ul>	•	0	Car or ot		e	
<ul> <li>Permanent housing program</li> </ul>	1 0	0	Abandon	ed buildir	ng	
<ul> <li>Transitional housing progra</li> </ul>		0	Anywher		_	
<ul> <li>Domestic violence shelter</li> </ul>		0	Somewho		vhere]:	
<ul> <li>Emergency shelter</li> </ul>		0	Prefer no			<del>_</del>
<ul> <li>Voucher hotel or motel</li> </ul>						

Thank you for completing this baseline form.

Age: YOUNG CHILD (0 to 4) Respondent: CAREGIVER Assessment: BASELINE

Public reporting burden for this collection of information is estimated to average 6 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - YOUNG CHILD / CAREGIVER / BASELINE			
Client ID			
Site ID   _ _ _ _ _  Grant ID   _ _ _ _			
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No			
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/ /			
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.			
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care			

# FORM VERSION: Young Child (0 to 4) / Caregiver / Reassessment

# CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their young child. If that's not you, please ask your provider for the form for Child (5 to 17) or Youth (12 to 17) responding for themselves.

### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

# How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

# Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

# How long does it take to fill in the form?

It should take you about 3 minutes.

# How do I agree to participate?

Age: YOUNG CHILD (0 to 4) Respondent: CAREGIVER/PARENT Assessment: REASSESSMENT

# A. SOCIAL DRIVERS OF HEALTH

	How hard is it for you to pay for the very basics like for your child?	ke fo	ood, housing, medical care, and heating
0	Very hard	0	I am not the person responsible for
0	Somewhat hard		paying for the basics for my child
0	Not hard at all	0	Prefer not to answer
2.	What is your child's living situation today?		
0	My child has a steady place to live		
0	My child has a place to live today but I am worried	they	y may lose it in the future
0	My child does not have a steady place to live		
0	Prefer not to answer		
3.	Which of the following best describes your child's	s cu	rrent living situation?
0	Your house or apartment	0	Hotel or motel you pay for
0	Your partner's place	0	Residential drug or alcohol program
0	A friend or relative's and paying rent	0	Jail or prison
0	A friend or relative's and not paying rent	0	Car or other vehicle
0	Permanent housing program	0	Abandoned building
0	Transitional housing program	0	Anywhere outside
0	Domestic violence shelter	0	Somewhere else [where]:
0	Emergency shelter	0	Prefer not to answer

# Thank you for completing this reassessment form.

Voucher hotel or motel

Public reporting burden for this collection of information is estimated to average 3 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

Age: YOUNG CHILD (0 to 4) Respondent: CAREGIVER/PARENT Assessment: REASSESSMENT

[OFFICE USE ONLY] RECORD MANAGEMENT - YOUNG CHILD / CAREGIVER / REASSESSMENT
Client ID
Site ID   _ _ _ _  Grant ID   _ _ _
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/_ _/_ _
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care